

**“EFFECTIVENESS OF NURSING CARE ON WOMEN WITH
FIRST AND SECOND DEGREE PROLAPSE UTERUS”**

**By
MRS. M. KALAIMAGAL**



**Dissertation Submitted to
THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,
CHENNAI**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING**

MARCH - 2010



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Internal Examiner

External Examiner

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CHAPTER I

INTRODUCTION

Health for all is a slogan which gives importance to the health care. Women are the back bone of the family. Family health is interrelated with the health of the women. Health for all will remain a dream unless women are made aware of their responsibilities towards their own health.

The uterus is god's gift to each and every woman because it is very special organ (which gives next generation) than other organs. pregnancy is a unique experience of every woman's life. The thought of a growing fetus in the mother's womb, indeed is a natural way of expressing the attributes of motherhood.

The uterus (womb in which a fetus develops) is normally held in place inside the maternal pelvis with various muscles, tissue, and ligaments. Sometimes-because of childbirth or difficult labor and delivery-these muscles become weaken. As a woman ages and with a natural loss of the hormone estrogen, uterus can descends into the vaginal canal, causing the condition known as a prolapse uterus.

Prolapse uterus was first recorded on the kahun papyri in about 2000 Before Christian Era. Hippocrates described number of non surgical treatments for this condition. Prolapse uterus means uterus has dropped from its position within the pelvis into vagina. Prolapse can be incomplete or, in more severe cases, complete when the uterus slips and protrude outside of the vagina.

In 1996, a standardized terminology for the evaluation of pelvic organ prolapse (POP) was established by the International Continence Society, the American Uro gynaecologic Society, and the Society of Gynecologic Surgeons. That terminology replaced terms as cystocele, rectocele, enterocele, and urethrovesical junctions with precise descriptions relating to specific anatomical landmark.

Uterine prolapse occurs in any age. Newborn may have congenital prolapse. Adolescents or young women may acquire it due to certain risk factors. For women from 30 years and above- prevalence is higher due to advanced age and parity causes. It is prevalent in any race and any geographical regions.

The causes are poor socio economic conditions, educational status and heavy works e.g. weight lifting, big baby delivery are positive association with prolapse. Familial incidence of genital prolapse is 30 percent .Rapid successions of pregnancies without proper rehabilitation are obvious cause. Here women are sterilized too early and they have to give birth to multiple babies in a short period. Chronic pulmonary diseases e.g. asthma, chronic cough are significant to cause genital prolapse due to increased intra abdominal pressure. Few studies show that there is association between heavy works leads to genital prolapse.

Genital prolapse has complications like ulcer (decubitus) and even malignancy. Women with prolapse usually complaints of .something coming down., backache, bearing down sensation, frequent urination, faecal and urinary incontinence (inability to hold, stress urge etc), vaginal bleeding, profuse menstruation, secondarily infected ulcer, genital discharges, inability to work and feeling of weakness etc

The utero-vaginal prolapse can classify into three degrees. In the first degree of prolapse, the uterus never comes out of vagina, but comes down up to the opening while bearing down. In the second degree, it comes out of vagina, but goes back inside by manual effort. While in third degree, it

remains out of vulva along with vaginal wall, and never gets back even with manual efforts. Sometimes the entire uterus can be retroverted and protrudes through vulva.

Staging of Pelvic Floor Prolapse Using International Continence Society Terminology (POP Quantification)

Stage 0: No prolapse is demonstrated.

Stage I: Criteria for stage 0 are not met, but the most distal portion of the prolapse is >one cm above the level of the hymen.

Stage II: The most distal portion of the prolapse is less or equal to one cm proximal or distal to the plane of the hymen.

Stage III: The most distal portion of the prolapse is >one cm below the plane of the hymen but protrudes no further than two cm less than the total vaginal length in centimeters.

Stage IV: Essentially complete eversion of the total length of the lower genital tract.

Treatment depends on how weak the supporting structures around the uterus have become.

The woman can strengthen the pelvic muscles by performing kegel exercise leads to tightening of pelvic muscles, as if trying to stop the flow of urine. This exercise strengthens the pelvic diaphragm and provides some support. The gynaecologist instruct proper ways to isolate and exercise the muscles. Estrogen (a hormone) cream or suppository ovules or rings inserted into the vagina helps in restoring the strength and vitality of tissues in the vagina but only for selected postmenopausal women.

In Christian Era, serous of Rome first described the removal of the prolapsed uterus when it become black. The first successful vaginal hysterectomy for the care of the prolapse uterus was self performance by a peasant woman, as described by will on by in 1670. she was debilitated by prolapse uterus that she pulled with sharp knife. She survived the hemorrhage and continued to live the rest after life debilitated by urinary incontinence. From the early 1800s their turn of the century, other successful surgical approaches were used to treat this condition.

NEED FOR THE STUDY

The advancing age of population are likely to encounter women with pelvic organ prolapse with greater frequency. The life time risk for women are under going surgery, prolapse (or) incontinence.

Prolapse uterus, most often, affects post menopausal women who had one (or) more vaginal deliveries. Damage to supportive tissues incurred during pregnancy and childbirth plus the effects of gravity. Loss of estrogen and repeated straining over the years can weaken the pelvic floor muscles and lead to prolapse.

This can be caused by many different reasons. Intense pressure on the stomach area, or if the tissues around the uterus lose their strength, can be causes for this condition. If women gave birth vaginally especially if women had several children naturally. Menopause is another factor as well as asthma or a condition that causes severe cough.

Another factor is weight. This can actually put pressure on the pelvic region and weaken the muscles around the uterus. Surgery is another cause, caesarean women are more at risk than any other race.

The other causes for prolapse uterus is genetic predisposition, high parity, advancing age, prior pelvic surgery, connective tissue disorder, elevated intra abdominal pressure (obesity, chronic constipation)

The incidence or prevalence of prolapse is difficult to estimate, as many women do not seek medical advice.. In UK, genital prolapse

accounts for 20 percent of the waiting list for major gynaecological surgery. Incidence of prolapse requiring surgical correction, which have had hysterectomy, is 3.6 per 1000 person per year of risk. The chance of prolapse increases with advancing age. In a multi centric cohort study done in Scotland and England among 17,032 women of age from 25 years to 39 years, done by Oxford Family Planning Association from 1968 to 1974 showed that incidence of genital prolapse among hospital admission was 2.04 per 1000 person-per year. In developed countries, prolapse is higher in elder age, where as in developing, it is higher in younger age.

A study conducted in general population of age from 40 to 60 years in Sweden, showed Nine-19 percent of incontinence and more with aged. Study in India during 1952-54 in Bengal, Delhi, Punjab and U.P among women attending in gynaecological private clinics revealed that one in five women suffer from prolapse. Another study more recently done in 2006 in MGM Hospital in Eastern India, found that genital prolapse count 20 percent of all gynaecological admissions in the hospital. Half of them have loose pelvic floor support, resulting in some degree of genital prolapse. In another multi centric study in India by ICMR from 1999 to 2006 showed genital prolapse to contribute significantly out of total gynaecological morbidity .

At present, 6,00,000 women are affected by the disease and among them, 2,00,000 require immediate treatment (WHO, UNFPA and TU Teaching Hospital). A study (2007) of field-based health camps in 10 districts of Nepal, conducted by the Safe Motherhood Network, revealed the following statistics about women affected by Uterine Prolapse.

TK Sundari Ravindran, R Savitri (obstetric and gynaecology) reported on perceptions of causes of uterine prolapse of women suffering from this condition, and the problems they experienced based on information collected from 37 rural poor women in Chengalpattu TamilNadu, India. Clinical examination confirmed a diagnosis of uterine prolapse in 32 women. All the women worked as wage labourer in agriculture.

The clinical examination had been organised by Rural Women's Social Education Centre (RUWSEC), a grassroots women's organisation working in these villages. There had been a demand from the community for a clinical check-up, following the finding from a baseline survey that 106 women of the 4117 women between 15 and 50 years in the villages covered by the organisation community health project were suffering from

second or third degree uterine prolapse (according to women's self-reported morbidity).

According to the women's strenuous manual work soon after delivery was an important factor associated with uterine prolapse, alongside factors such as frequent child bearing, or trauma to the pelvic floor following surgery.

Pelvic organ prolapse which includes rectocele, cystocele and prolapse uterus is associated with more than 3,00,000 surgeries in India annually, up to 11 percent of women have surgery for pelvic organ prolapse (or) related condition at the age of 70 yrs. The prevalence of pelvic organ prolapse varies considerably in different population, from 30 percent to 93 percent

If women with mild prolapse uterus, any discomfort (or) interruption of life style might be benefited from surgery to repair the prolapse (or) may select to use a special supportive device (pessary) which will be inserted into the vagina.

The women with advanced age group (55 Years and above) is the common indication for hysterectomy. The discomfort of the prolapse uterus

depends upon the degree of prolapse. For example back pain, retention of urine, dyspareunia, white discharge, constipation. The investigator interested to give nursing care on women with first and second degree prolapse uterus for improving the health status of these kinds of women for the project study.

STATEMENT OF THE PROBLEM

“EFFECTIVENESS OF NURSING CARE ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS”

OBJECTIVES OF THE STUDY

- to assess the health status on women with first and second degree prolapse uterus.
- to evaluate the effectiveness of nursing care on women with first and second degree prolapse uterus.
- to find out the correlation between selected demographic variables and effectiveness of nursing care on women with first and second degree prolapse uterus.

OPERATIONAL DEFINITIONS:

Effectiveness

Effectiveness refers to the outcome of nursing care in terms of improvement in health condition of the women with first and second degree prolapse uterus.

Nursing Care

Nursing care which includes, vaginal plugging, vaginal douche, perineal care, providing comfort measures and adequate rest, educated about Kegel exercise, providing high fibre diet, counseling and health education.

Women

Women who were admitted with first and second degree prolapse uterus.

Prolapse uterus

Prolapse uterus is defined as downward displacement of uterus through the vagina.

First degree prolapse uterus

The uterus descends down from its normal anatomical position but the external os still remains inside the vagina

Second degree

The external os protrudes outside the vaginal introitus but the uterine body still remains inside the vagina

ASSUMPTIONS:

- Appropriate nursing interventions to the women with first and second degree prolapse uterus will prevent complications.
- Nursing care which includes all dimensions of health will be effective to promote health condition of the women with first and second degree prolapse uterus.
- Daily assessment of women condition enable a nurse to gain thorough knowledge about progress in women health condition and will provide guidelines for the nurse to implement a need based care.

LIMITATIONS:

- The sample size was limited to thirty women with first and second degree prolapse uterus.

- The study period was limited to six weeks
- The study was limited only at Melmaruvathur AdhiParasakthi Institute of Medical Sciences and Research, Melmaruvathur.

PROJECTED OUTCOME:

Effective nursing interventions to women's with prolapse uterus would improve their health status and prevent the complications. Assessment of the women on daily basis would help in identifying the further needs of the women, which would benefit in modifying the existing care plans. Individualized nursing care will ensure comfort of the women as well as to maintain better communication, holistic health care would enhance the better outcome of nursing care

CONCEPTUAL FRAMEWORK

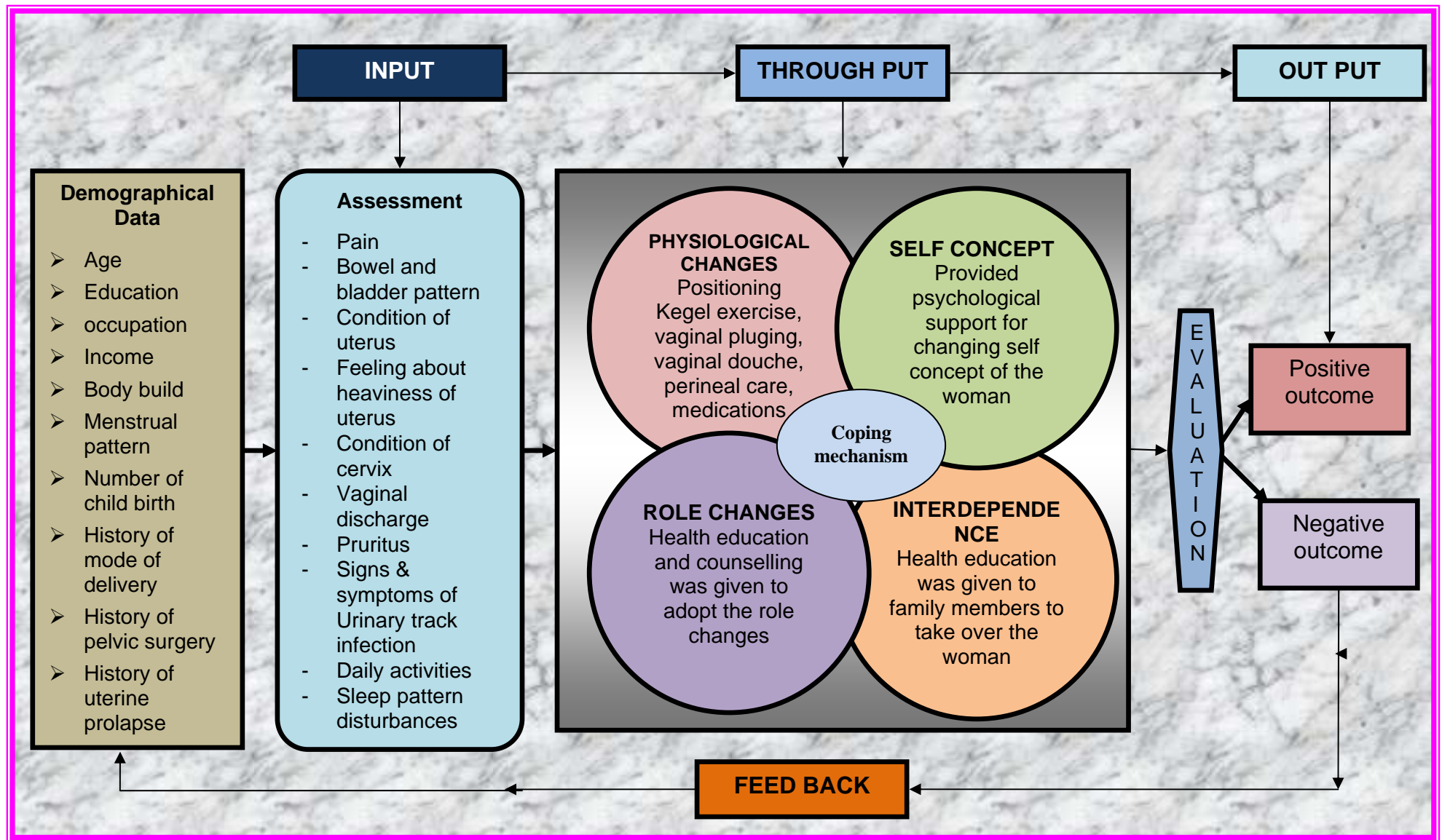
A concept is an idea. Conceptual framework is a group of concepts, (or) ideas that are related to each other but the relationship is not explicit. Conceptual framework deals with abstractions (concepts) that are assembled by virtue of their relevance to a common theme (Polit and Hungler). Conceptualization is a process of forming ideas which are utilized and forms in the conceptual framework for the development of research design. It helps the researcher to know what data is to be collected and gives direction to an entire research process. It provides certain frame of reference for clinical practice, education and research. The conceptual framework for this study was developed on the basis of Roy's adaptation model.

In the present study,

Input is the demographic data such as age, education, occupation, family monthly income, number of child birth, body build, previous history of pelvic surgery, assessment tool, rating scale and check list.

The model refers to processing the physiological changes, self concept, interdependence and role changes.

Output in the study is the improvement in health status of women with first and second degree prolapse uterus.



Conceptual Framework of Modified Roy's Adaptation Model -1976

CHAPTER-II

REVIEW OF LITERATURE

Polit and Hungler (1999) stated that the primary purpose of reviewing relevant literature is to give broad background knowledge and understanding of the information i.e. available related to the researcher's problem of interest. The investigator carried out extensive review of literature relevant to the topic to gain insight and to collect information for laying the foundation of this study

A. Review of literature related to prolapse uterus

B. Review of literature related to nursing care

A. Review of literature related to prolapse uterus

Khan (2009) – Stated that one of the health reasons to do yoga is, if women have prolapse uterus. This simply means that the position of the uterus has changed. There are several yoga positions that can do to help reverse the weakening of the muscles. If the damage has gone on for too long and is too severe certain yoga positions may be of help.

Starczewski A., Department of Reproduction and Gynecology, (2008) conducted a study on first degree uterine prolapse, the urinary incontinence is reduced by physiotherapy, electrical stimulation of the pelvic floor muscles, lifestyle modification and reduction of body mass. When the Stress incontinence symptoms are more severe, surgical treatment is usually preferred. Among many methods, these presently used methods are Burch and sling operations.

Brodowski, (2008) Conducted a study on women who underwent trans vaginal High vaginal Utero Sacral suspension after vaginal hysterectomy with reconstruction of pubo cervical and recto vaginal fascia. The sample size was Fifty women with an age of 60 years. The mean follow-up period was 24 months. There was no major intra or postoperative complications such as ureter and other pelvic organ injury. High vaginal utero suspension with fascial reconstruction seems to be a safe, minimal traumatic, tolerable and highly successful procedure for vaginal repair on second degree uterine prolapse. Because of the use of native tissue as suspension site High vaginal Utero Sacral suspension is more physiologic and cost effective.

Zhu L, et al, (2008) Conducted a prospective study about traumatic damage to fascial and muscular support structures during childbirth may cause stress urinary incontinence (SUI) and pelvic organ prolapse (POP). The onset of Stress urinary incontinence is a significant risk of postpartum and the pelvic organ prolapse is significantly higher after vaginal delivery than after caesarean delivery.

Granese R, (2008) reported the tension free cystocele repair involves the use of non absorbable prolene mesh tested 177 women with a combined genital prolapse, characterized by second degree cystocele, first degree hysterocele and first degree rectocele or more severe conditions. The entire women underwent a complete urologic and gynecologic work-up before the surgical treatment consisting in a Y-shaped mesh placed on the pre vesical fascia. This technique was implemented providing a tension free prosthesis. It is a promising approach in the management of pelvic floor dysfunctions that induces minimal foreign body reaction.

SurkontG, (2008) conducted a study of sacrospinous colposacrofixation for the enterocele and high rectocoele treatment. Sacrospinous colposacrofixation equals a low risk of complications, even during the initial procedures. With the rise of the number of performed

operations and better ability recognition of anatomic properties of the operating area, technical problems decrease significantly

Filho C.P., (2008) conducted a study of surgical insertion of a polypropylene mesh via the vaginal route in young women presenting genital prolapse. It has proven anatomical efficacy in young women and shows consequences of sexual life.

Otcenasek M., et.al., (2008) stated that laparoscopy correction of post traumatic uterovaginal descent and rectal prolapsed in a young female following her complicated pelvic fracture. In the study 110 young women with vaginal prolapsed and rectal prolapsed were selected the significant result was obtained.

Lind L. R (2008) conducted a study on 412 constructive women with prolapse uterus who underwent either abdominal (or) vaginal hysterectomy were taken. The degree of thoracic kyphosis was higher in women with prolapse uterus. A higher degree of thoracic kyphosis was associated with an increments higher occurrence of prolapse uterus.

Elsevier A. K, (2008) conducted a study on 521 women with prolapse uterus. In that 64 years old woman had been diagnosed with

prolapse uterus, with a post voidal residual urine volume two years previously. In addition she had moderate renal dysfunction diagnosed two yrs before presentation. The study found that hydro uretero nephrosis resulting from the major cause of end stage renal failure. If she was maintained on hemodialysis, reduction of prolapse uterus is needed before irreversible renal failure occur.

Petros PE. et,al, (2008) reports to assess the posterior Tissue Fixation System (TFS) sling for repair uterine/vault prolapse. The tissue fixation system comprises of two small polypropylene soft tissue anchors connected to an adjustable polypropylene tape. The posterior tissue fixation system sling works much like a McCall procedure. The anchors are inserted just lateral to the utero sacral ligaments. Tightening the sling elevates the prolapsed uterus/vaginal vault.

Istituto di Ricerche. (2008) conducted a study on uterine prolapse associated with delivery and occupation. The sample size was 108 women with a diagnosis of first or second degree utero vaginal prolapse and/or third degree cystocele. The Occupation showed an association with uro genital prolapse in comparison with professional/managerial women, housewives Compared with nullipara, parous women tended to have a

higher risk of genital prolapse .Forceps delivery and birth weight were not associated with risk of prolapse after taking into account the effect of number of vaginal deliveries.

Negri, (2008) stated that the risk of uro genital prolapse was higher in women with mother or sisters reporting the condition. The clinical suggestion that parous women are at a higher risk of prolapse and the risk increases with number of vaginal deliveries and. first-degree family history of prolapse uterus.

Bodner-Adler B (2008) conducted a study on prolapse uterus may cause significant health problem. The sample size was 96 women with a first and second degree prolapse uterus with a age of 50 years and maternal weight was 45kg. The duration study period was about three months. In an average, the women gave birth to four children vaginally. Most of the affected women were smoking, and most of them were postmenopausal. 35% of the affected women had a chronic obstructive pulmonary disease (COPD), 16% suffered from hypertension and five percent had diabetes mellitus.

Bodner k, (2007) reported that the women who were working heavily during pregnancy as well as in the postpartum period (87%), low availability of skilled birth attendants, smoking while having COPD and low maternal weight due to lack of nutritious food are mainly responsible for prolapse uterus.

Powers K et.al., (2007) conducted a study of pessary use for advanced pelvic organ prolapse. The sample size was 77 women with second degree and third degree prolapse uterus. Comparisons were made between women who tried or refused pessary use. A successful trial of pessary was defined by continued use; a failed trial was defined by a woman's discontinued use. Thirty-two woman tried a pessary; 45 refused. Woman who refused a pessary were younger, had lesser degree of prolapse, and more often had urinary incontinence. The findings suggest that pessary use is an acceptable first-line option for treatment of advanced pelvic organ prolapse.

Sarah Ringgold S., 2007) conducted study on 150 women with prolapse uterus. The result of the study implies the number of vaginal deliveries, delivery of a large infant, increasing age and frequent heavy

lifting, chronic obstructive lung disease, chronic constipation, contribute to the development of prolapse uterus.

Cundid G. W. (2007) conducted a study on 194 parous post menopausal women with a age of 61. The study period was three months. The data was collected on use of 94 ring pessary and 99 Gellhorn pessary women. There is no clinically significant difference between two pessaries. The result of this study is the ring with support and Gellhorn pessaries are effective and equivalent in relieving symptoms of protrusion and voiding dysfunction.

Elliott D.S (2007) stated that transabdominal sacrocolopexy offers an excellent definite treatment options for women with high grade vaginal vault prolapsed with long term success rate ranging from 93-999. Because it is a transabdominal procedure associated with increased morbidity compared with vaginal repair and describe a novel minimally invasive technique of vaginal vaults prolapse repair and present out initial experience. It is associated with decreased hospital stay, low complication and conversion rates and high women satisfaction.

Sartore A., (2007) Conducted a study on five hundred nineteen primiparous women were enrolled 3 months after vaginal delivery. The sample was divided in to two groups. Group A (254 women) comprised the women who received mediolateral episiotomy and Group B (265 women) the women with intact perineum and first- and second-degree spontaneous perineal lacerations. No significant difference was found with regard to the incidence of urinary and anal incontinence and genital prolapse, whereas dyspareunia and perineal pain were significantly higher in the episiotomy group. Mediolateral episiotomy does not protect against urinary and anal incontinence and genital prolapse and is associated with a lower pelvic floor muscle strength compared with spontaneous perineal lacerations and with more dyspareunia and perineal pain.

Da Silva BA (2007) conducted a study on two Brazilian women with carcinoma of the uterine cervix associated with second-degree prolapse uterus the woman, respectively aged 69 and 73 years. Biopsy of the ulcerated cervical lesion confirmed epidermoid carcinoma. When operable invasive cervical carcinoma is found in association with full prolapse, radical vaginal hysterectomy complemented with radiotherapy seems to be an adequate therapeutic option.

Deskalakis G., (2007) reported the case of prolapse uterus which develop during pregnancy. This was managed, conservatively and there was no fetal or maternal complications. Postnatally the prolapse uterus recovered spontaneously. Early recognition and close follow up during pregnancy is essential. Successful pregnancy outcome requires individualized treatment but bed rest should always be considered

Gimbel H. et al. (2007) stated that less women suffered from urinary incontinence and prolapse and cervical stump problems after total than subtotal hysterectomy. Subtotal hysterectomy is faster to perform, has less pre operative bleeding and seems to have intra and post operative complications.

Kyungpook S.K, , (2007) suggested that care study on 21 cases of prolapse uterus. He performed laparoscopic pelvic floor repairs in six cases of vault prolapse and 15 cases of prolapse uterus. There were no major complications, but post operative voiding difficulty developed in one case.

John Klutke, (2007) conducted a study on 51 womans biopsies were taken from the uterosacral ligament tissue of 31 woman with grade II or greater prolapse and 29 woman with normal pelvic support. These results

suggest that altered elastic metabolism is present in woman with prolapse uterus.

Bernaïd T, (2007) conducted a study on 583 woman with prolapse uterus. They found that the retroverted uterus has been largely ignored in urogynaecological population (34%) than the general gynaecological population (19%). Recent data demonstrate that the prevalence of grade two-four prolapse uterus for extroverted uterus is four-five times that for antioverted uterus.

Al Olsen A, (2007) conducted a study on 149 women with prolapse uterus. The study shows pelvic floor dysfunction is a major health issue for older women. The study shown by the 11.1% life time risk of undergoing a single operation for pelvic organ prolapse and urinary incontinence, as well as the large proportion of re-operations. Our result were in further epidemiologic research in order to determine the etiology, natural history and long term treatment outcomes of these conditions.

Wesler P (2006) conducted a study on a new procedure was developed for the management of prolapse uterus in young woman. Trans vaginal sacrospinous uterine fixation was employed successfully in five

women. The advantages of the procedure are that it avoids surgical trauma to the cervix, can be accomplished entirely vaginally, maintains the normal vaginal axis and obliterates the space for potential enterocele.

Erin E. (2005) stated that high concordance of pelvic organ prolapse in nulliparous and sister suggests a familiar predisposition toward developing this condition. However the vaginal delivery does appear to confer a risk for more advanced pelvic organ prolapse.

Rowan J, (2005) stated about vaginal pessaries are effective in alleviating symptoms of pelvic organ prolapse and associated pelvic organ dysfunction. 85 of 150 women had alternative symptoms and significant improvement in their condition.

Ingrid E, (2004) stated that sacrocolpexy is a reliable procedure that effectively and consistently resolves vaginal vault prolapse. Women should be concealed about the low risk of reoperation, Stress incontinence and complication.

Ignatavicious Workman., (2003) has explained the collaborative management and assessment findings include the women verbalization of feeling of "something is coming out my vagina", dyspareunia, back ache,

feeling of heaviness or pressure in the pelvis. A pelvic examination may reveal a protrusion of a Cervix when the women is asked to bear down.

Netter's (2003) has stated the prevalence some degree of uterine descent is common in parous woman. The predominant age is late reproductive and beyond incidence increase with the loss of estrogen

Christopher I, Department of Obstetrics and Gynecology, (2008) conducted a study on 43 women with symptomatic prolapse uterus were prospectively evaluated and underwent laparoscopic suture hysteroplexy.

John K. N., Department of Obstetrics and Gynaecology, (2008) Explained that 20 women with prolapse uterus were match with 20 without significant prolapse. All participants were vaginally parous. The mean lumbar lordotic angle in woman with pelvic organ prolapse was significantly lower than that of controls.

Mosby (2004) has suggested the medications like hormones eg. Topical estrogen- premarin vaginal cream inserted two times/week for six weeks. If effective continued on a once a week basis used to facilitate regeneration of support mechanism.

Sampselle et al, (2000) stated about 25%-34% of women aged between 25 and 54 years have urinary incontinence. Although nulliparous women can have urinary incontinence. The incidence is higher in women who have given birth and it also increases with parity.

B. Review of literature related to nursing care

Suddarths (2004) says that during postpartum period the woman can be taught to perform kegel exercises for up to 10 sec followed by at least 10 second of relaxation and perform these exercises 30-80 times per day to prevent uterine prolapse

Charlene. J (2004) says that the kegel exercise strengthen the pubococcygeal muscle. It reduce the risk of stress incontinence and instructed the woman to urinate and stop the flow of urine midstream. Contract the muscles for a few seconds at a time and release it ,then immediately contract it.

Luckmann (2004) suggested that kegel exercises designed for postpartum women, have long been the technique used to improve control of uterine prolapse. Reports of success range from 30-90 percent with the use of these. Recently a new device,the famina cones are weighed and

inserted into the vagina. Early reports are that they dramatically improve the effectiveness of pelvic muscle exercises.

Phipps (2003) stated that kegel exercise is to tighten the muscles of the perineum as if to stop the flow of urine, maintain the tension for five second at a time, and repeat the exercise in sets of 10. The exercise is repeated 10-12 times daily.

Gayle Roux (2005) has stated perineal hygiene to prevent infection. The perineum should always wipe from front to back and this method is used after urination, bowel movements and menses.

Mortin. R (2002) stated that the some method of perineal cleaning frequent was used to promote comfort and to reduce the risk of infection. The most common method is pouring a stream of warm water, often with antiseptic solution added over the vulva and perineum after voiding and defecation.

Calkin (2001) stated that perineum is usually cleaned with an antiseptic solution but a recent study found that tap water was just as effective as chlorhexidine antiseptic.

CHAPTER – III

METHODOLOGY

This chapter deals with the methodology adopted for the study, including the description of research design, setting and population sample size, sampling technique, criteria for sample selection, data collection procedure and Instrument.

RESEARCH DESIGN

Evaluative research design was adopted to evaluate the nursing care on women with first and second degree prolapse uterus.

SETTING

The study was conducted in Gynaecology ward at Melmaruvathur AdhiParasakthi Institute of Medical Sciences and Research, Melmaruvathur, kanchipuram Dist.

POPULATION

The population of the study comprised of all the women with First and second degree prolapse uterus, who were admitted in Gynaecology ward

at Melmaruvathur AdhiParasakthi Institute of Medical Sciences and Research, Melmaruvathur.

SAMPLE SIZE

The total number of 30 women with first and second degree prolapse uterus.

SAMPLING TECHNIQUE

The women who met inclusion criteria were selected by simple random sampling method.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- The women who with first and second degree prolapse uterus
- The women who were willing to participate.
- The women who were able to understand Tamil/English

Exclusion criteria

- The women who with third degree prolapse uterus
- Women with fibroid uterus, Dysfunctional Uterine Bleeding, uterine inertia.

METHOD OF DATA COLLECTION

The study was conducted at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Melmaruvathur. The data was collected for a period of six weeks by using the prepared tools. The tools were developed based on the objectives of the study and through review of literature.

INSTRUMENT

Section-I

This section consists of information about demographic variables

Section-II

Observational checklist to assess the vital parameters on women with first and second degree prolapse uterus

Section-III

Observational rating scale for the assessment on women with first and second degree prolapse uterus

Section-IV

Observational checklist for nursing intervention on women with first and second degree prolapse uterus

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from 30 samples on women with first and second degree prolapse uterus at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. This study was done by using questionnaire and observational check list.

Data analysis was done by using descriptive and inferential statistic procedure. The items were scored after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were mean, standard deviation, paired 't'- test and correlation test.

DESCRIPTION OF THE TOOL

The tool used in the study consists of three parts. Tools are used to find out effectiveness of nursing care on women with first and second degree prolapse uterus.

Part – I

This part of the instrument consists of the interview schedule having the demographic data such as age, educational status occupation, income, body build, number of child birth, history mode of delivery, family history etc.

Part – II

Rating scale was used to monitor the health condition of the women such as back pain, sleep pattern, bladder pattern, pruritus, condition of cervix, vaginal discharge, bowel habits, daily activities, perineal wash, condition of uterus, status of vaginal discharge, sensation about heaviness of uterus. This section consists of 13 statements regarding health status of women with first and second degree prolapse uterus. Each statement carries maximum score of three and minimum score of one.

Part – III

Observational check list of nursing intervention for the women with first and second degree prolapse uterus. It includes nursing interventions like vaginal douche, perineal care, vaginal plug, kegel exercise, administration of medication, providing comfort measures, providing high fiber diet, counseling and health education.

SCORE INTERPRETATION

The score was interpreted as follows

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total score}} \times 100$$

TABLE 4.1 SCORE DESCRIPTION

Description of health status	Percentage
Mild deterioration	below 50%
Moderate deterioration	51% - 75%
Severe deterioration	above 75%

REPORT OF THE PILOT STUDY

The pilot study was conducted at Melmaruvathur AdhiParasakthi Institute of Medical Sciences and Research, Melmaruvathur for a period of two weeks. The sample size was five. The standardised tools were prepared by the investigator and used to find out the reliability and validity which were evaluated by the experts of the research committee and adopted simple random sampling technique to select the samples and by using checklist and structured assessment scale, the health condition of the women with first and second degree prolapse uterus was assessed.

RELIABILITY OF THE TOOL

The reliability was checked by inter rater method. The reliability was 0.74 after that the nursing care was provided, and then paired 't' test was used and found that the nursing intervention was effective.

VALIDITY

The tools were prepared by the investigator which were assessed, evaluated and accepted by the experts of research committee. Content validity was obtained from obstetric and gynaecological experts.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved the research proposal. Permission was obtained from the head of the Obstetrics and Gynaecology department at .Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. Permission was obtained from the Medical officer and staff nurse incharge. The oral consent from each woman was obtained before starting the data collection. Assurance was given to the women that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The Main Study was conducted from 01.07.09 to 31.07.09, the women who were admitted in the gynaec ward at Melmaruvathur Adhiparasakthi Institute of Medical Science and Research and who met the inclusion criteria were selected by using simple random sampling method. The duration of the interview ranged from 20 to 30 minutes for each women. The investigator first introduced herself to the women and established rapport with them. The investigators explained about the purpose of the study and gain the confidence and then introduced the instruments to the woman. They were co-operative and attentive. The data collection was done at 10 minutes for collecting demographic data from each woman. Assessment was done with the help of rating scale. During the study period, the nursing care was given from eight A.M to four P.M. On the day of seven, effectiveness of nursing care was evaluated.

DATA ANALYSIS PLAN AND RESULTS

The data was organized, tabulated and analysed by using descriptive statistics. Mean, standard deviation and Paired't' test was carried out to assess the effectiveness of nursing care on women with first and second degree prolapse uterus. Correlation test was made for the association of

demographic variables on women with first and second degree prolapse uterus.

TABLE 4.2 STATISTICAL METHODS

S. No.	Data Analysis	Method	Remarks
1.	Descriptive Statistics	Frequency, Percentage	To describe the demographic variables.
2.	Inferential statistics	a. Paired 't' test	Analysing the effectiveness between pre assessment and post evaluation of health status of the women with uterine prolapse.
		b. correlation test	Analyzing the association between the selected demographic variables and effectiveness of nursing care on women with uterine prolapse.

Data analysis and interpretation have been done under following headings.

Section- A : Distribution of demographic variables on women with first and second degree prolapse uterus.

Section- B : Frequency and percentage distribution of health status on women with first and second degree prolapse uterus.

Section- C : Comparison of mean and standard deviation of assessment and evaluation score of effectiveness of nursing care on women with first and second degree prolapse uterus.

Section- D : Mean and standard deviation of improvement score on women with first and second degree prolapse uterus

Section- E : correlation between selected demographic variables and effectiveness of nursing care on women with first and second degree prolapse uterus.

SECTION - A

**TABLE 4.3 DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON
WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS**

S. No.	Demographic Data	Frequency	Percentage
1.	Age in years		
	a) 30-40 yrs	5	16.7%
	b) 41 - 50 yrs	7	23.3%
	c) 51 - 60 yrs	13	43.3%
	d) 61 and above	5	16.7%
2.	Educational status		
	a) Illiterate	14	33.3%
	b) Primary school level	10	20%
	c) Secondary school level	6	46.7%
	d) Graduate	0	0%
3.	Occupation		
	a) Cooly/Labourer	17	56.7%
	b) Moderate	6	20%
	c) Sedentary	7	23.3%
4	Income		
	a) Rs. 1000 - 3000	15	50%
	b) Rs. 3001 - 5000	14	46.7%
	c) Rs. 5001 - 8000	1	3.3%
	d) Rs. 8001 and above	0	0%

5.	Body Build		
	a) Thin	15	50%
	b) Moderate	8	26.7%
	c) Obese	7	23.3%
6.	Menstrual pattern		
	a) Regular	10	33.4%
	b) Irregular	4	13.3%
	c) Menopause	16	53.3%
7.	Number of child birth		
	a) One	5	16.7%
	b) Two to three	10	33.3%
	c) Above three	15	50%
8.	History of mode of delivery		
	a) Spontaneous vaginal delivery	14	46.7%
	b) Instrumental delivery	8	26.7%
	c) LSCS	8	26.6%
9.	Previous history of pelvic surgery		
	a) Presence of pelvic history	4	13.3%
	b) No previous history	26	86.7%
10.	Family history of uterine prolapse		
	a) presence of family history	5	16.7%
	b) No family history	25	83.3%
11.	Source of information		
	a) Friends	14	46.7%
	b) Family members	8	26.7%
	c) Medical personnel	8	26.6%

From Table - 4.3 it implies the distribution of respondents according to certain demographic data like, age, educational status, occupation, , family income, body build, number of child birth, menstrual pattern, sources of health information regarding first and second degree prolapse uterus.

Out of 30 women five (16.7%) women were in the age group of 31 - 40 years, 7(23.3%) women were in the age group of 41-50 years, 13 (43.3%) women were in the age group of 51-60 years, 5(16.7%) women were above the age group of 61 years. In 30 women the average of 13 (43.3%) women falls in the age group of 51-60 years.

Regarding educational status of the women 14 (46.7%) women were illiterate, 10 (33.3%) women were in primary school level, six (20%) women were in secondary level, nobody in graduate level. Among 30 women, 14 (46.7%) women were illiterate.

With regard to the occupational status 17 (56.7%) were working as a labourer/coolie, six (20%) were working in moderate level, seven (23.3%) were sedentary workers. Among 30 women, maximum of 17 (56.7%) women were cooly.

In case of monthly income Rs.1001/- Rs.3000/- was drawn by 15 (50%) women 14 (46.7%) had a monthly income of Rs.3001/- Rs.5000/- one (3.3%) was in the income group of Rs.5001 – Rs.8000 and no one had a monthly income above Rs.8000/ out of 30 women -15 (50%) women had an average income of about Rs.1001/- Rs.3000/-.

Regarding body build seven (23.3%) had thin body build, eight (26.7%) had moderate body build, 15 (50%) had obese body build. Among 30 women maximum of women 15 (50%) had obese body build.

Regarding menstrual pattern 10 (53.4%) of women had regular menstrual cycle and four (13.3%) had irregular 16 (53.3%) had menopause. Among 30 women the highest of 16 (53.3%) women had menopause.

In case of number of child birth five (16.7%) were in one, 10 (33.3%) were in two to three, 15 (50%) were in above three. Among 30 women the highest of 15 (50%) were in above three.

Regarding history of mode of delivery 14 (46.7%) had spontaneous vaginal delivery, eight (26.7%) had instrumental delivery, eight (26.6%) had

caesarean .Among 30 women the maximum of 14 (46.7%) had spontaneous vaginal delivery.

In case of history of pelvic surgery 26 (86.7%) women did not have an history of pelvic surgery four (13.3%) women had an history of pelvic surgery.

In case of family history of uterine prolapse 25 (83.3%) did not have family background and five (16.7%) of women had family background. Out of 30 women maximum of 25 (83.3%) did not have family background of prolapse uterus.

In case of sources of information 14 (46.7%) women received information from friends, eight (26.7%) women from family members, eight (26.6%) women from medical personnel.

SECTION - B

TABLE – 4. 4 FREQUENCY AND PERCENTAGE DISTRIBUTION OF HEALTH STATUS ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS.

N = 30

S. No.	Health Status	Assessment		Evaluation	
		No.	Percentage (%)	No.	Percentage (%)
1.	Mild (below 50%)	-	-	22	73.34
2.	Moderate (51-75%)	22	73.34	8	26.66
3.	Severe- (above75%)	8	26.66	-	-

Above Table - 4.4 shows that at the time of admission health status of the women were assessed, out of 30 women 22 (73.34%) women were severe health deterioration, eight (26.66%) were moderate health deterioration. At the time of discharge the health status of the women were evaluated. Out of 30 women 22 (73.34) had attained mild health deterioration and eight (26.66%) were moderate health deterioration.

SECTION - C

TABLE – 4.5 COMPARISON OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS

N = 30

S.NO	Health status	Mean	S.D	Confidence Interval
1	Assessment	30.6	2.83	14.34-33.57
2	Evaluation	18.13	2.22	6.26-8.23

Table - 4.5 shows that assessment mean value 30.6 with standard deviation of 2.83 and evaluation mean 18.13 with the standard deviation of 2.22. The confidence Interval score was 14.34-33.57 and for evaluation score was 6.26-8.23.

The final conclusion about above table reveals that in the assessment mean score was reduced in evaluation level. Similarly the standard deviation value also reduced in the evaluation score when comparing assessment level. Thus the nursing care on women with first and second degree prolapse uterus was very effective.

SECTION - D

**TABLE 4.6 MEAN AN STANDARD DEVIATION OF IMPROVEMENT
SCORE ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE
UTERUS**

S. no	Health status	Mean	Standard deviation	Paired 't' value
01	Improvement score	12.47	0.61	25

P<0.01 level of significance

Table 4.6 shows that improvement mean score with value of 12.47 With standard deviation of 0.61 and the 't' value were 25 more than the table value at 0.01 level of significance . It implies that there was statistically highly significant improvement in health status of women with first and second degree prolapse uterus after the nursing care. Thus the nursing care on women with first and second degree prolapse uterus was very effective.

The calculated value was greater than the tabulated value. There was a significant improvement in the health status on women with first and second degree prolapse uterus.

SECTION – E

TABLE 4.7 CORRELATION BETWEEN THE SELECTED DEMOGRAPHIC VARIABLES AND EFFECTIVENESS OF NURSING CARE ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS.

S. No.	Demographic variables	Assessment				Evaluation				
		Moderate 51%- 75%		Severe > 75%		Mild <50%		Moderate 51%- 75%		r
		No.	%	No.	%	No.	%	No.	%	
1.	Age in years									
	a) 31 – 40 years	5	16.6	0	0	5	16.6	0	0	0.8*
	b) 41 – 50 years	1	3.3	6	20	3	10	4	13.3	
	c) 51 – 60 years	1	3.3	12	66.6	10	33.3	3	10	
	d) Above 61 years	1	3.3	4	13.4	4	13.3	1	3.3	
2.	Occupation									
	a) Cooly/ labourer	5	16.6	12	66.6	13	14.3	4	13.3	0.9*
	b) Moderate	2	6.6	4	13.3	4	13.3	2	6.6	
	c) Sedentary work	1	3.3	6	20	5	16.7	2	6.6	
3.	Number of child birth									
	a) One	5	16.6	0	0	5	16.6	0	0	0.9*
	b) Two to three	2	6.6	8	26.6	3	10	7	23.3	
	c) Above Three	1	3.3	14	46.6	0	0	15	50	

S. No.	Demographic variables	Assessment				Evaluation				
		Moderate 51%- 75%		Severe > 75%		Mild <50%		Moderate 51%- 75%		R
		No.	%	No.	%	No.	%	No.	%	
4.	History of mode of delivery									
	a) Spontaneous delivery	5	16.6	9	30	10	33.3	4	13.4	0.9*
	b) Instrumental delivery	2	6.6	6	20	6	20	2	6.6	
	c) Lower segment cesarean section	1	3.3	7	23.3	6	20	2	6.6	
5.	Previous history of pelvic surgery									
	a) Presence of history of pelvic surgery	6	20	19	63.3	13	43.3	5	16.6	0.9*
	b) No history of pelvic surgery	2	6.6	3	10	9	30	3	10	

* Significant at $p < 0.001$

Table 4.7 reveals that there is a positive correlation between the effectiveness of nursing care such as vaginal douche, perineal care, vaginal plug, kegel exercise, administration of drugs, comfort measures, health education and selected demographic variables such as age, occupation, number of child birth, history of mode of delivery, previous history of pelvic surgery.

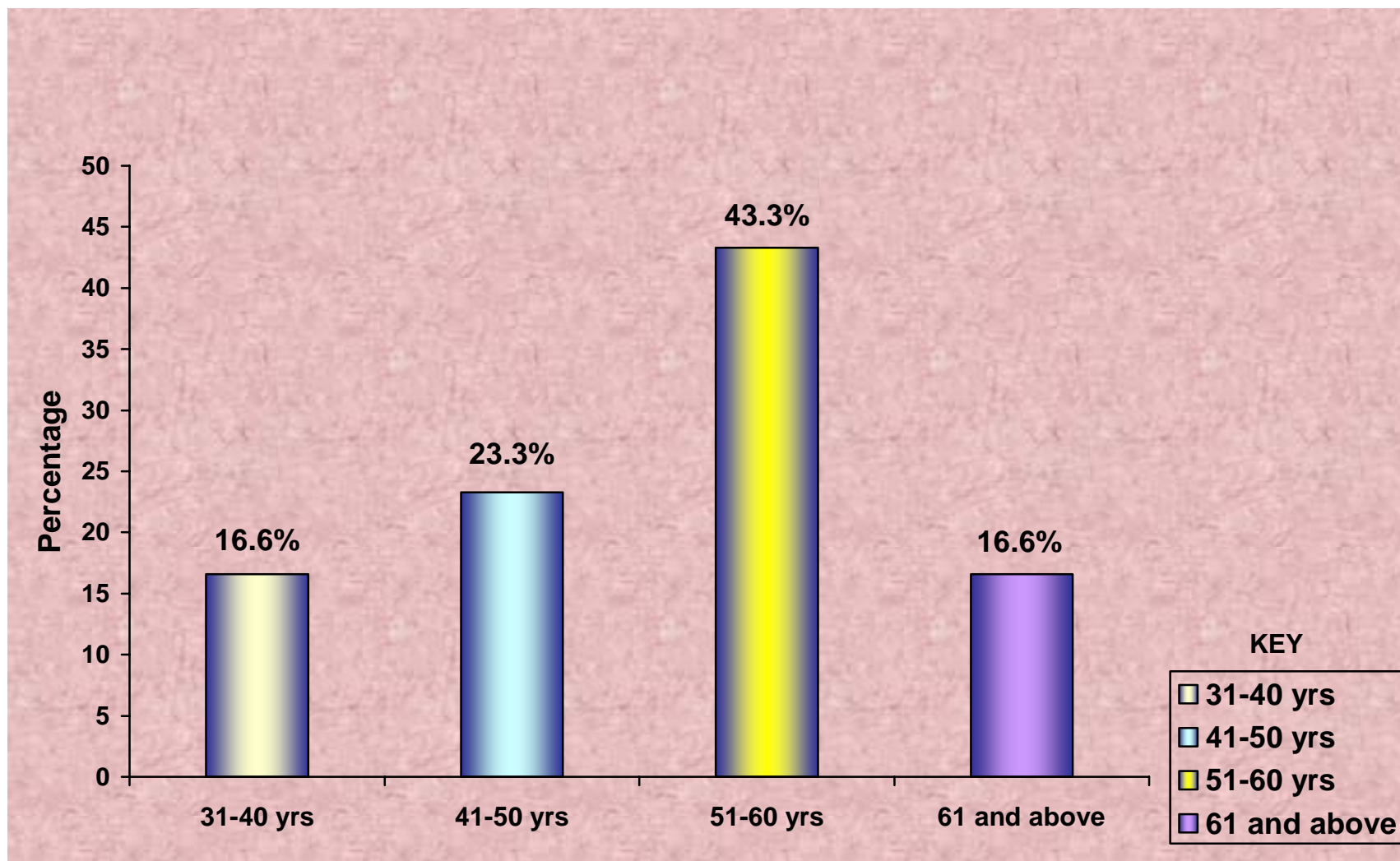


FIG 4.1 PERCENTAGE DISTRIBUTION OF WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS BASED ON AGE

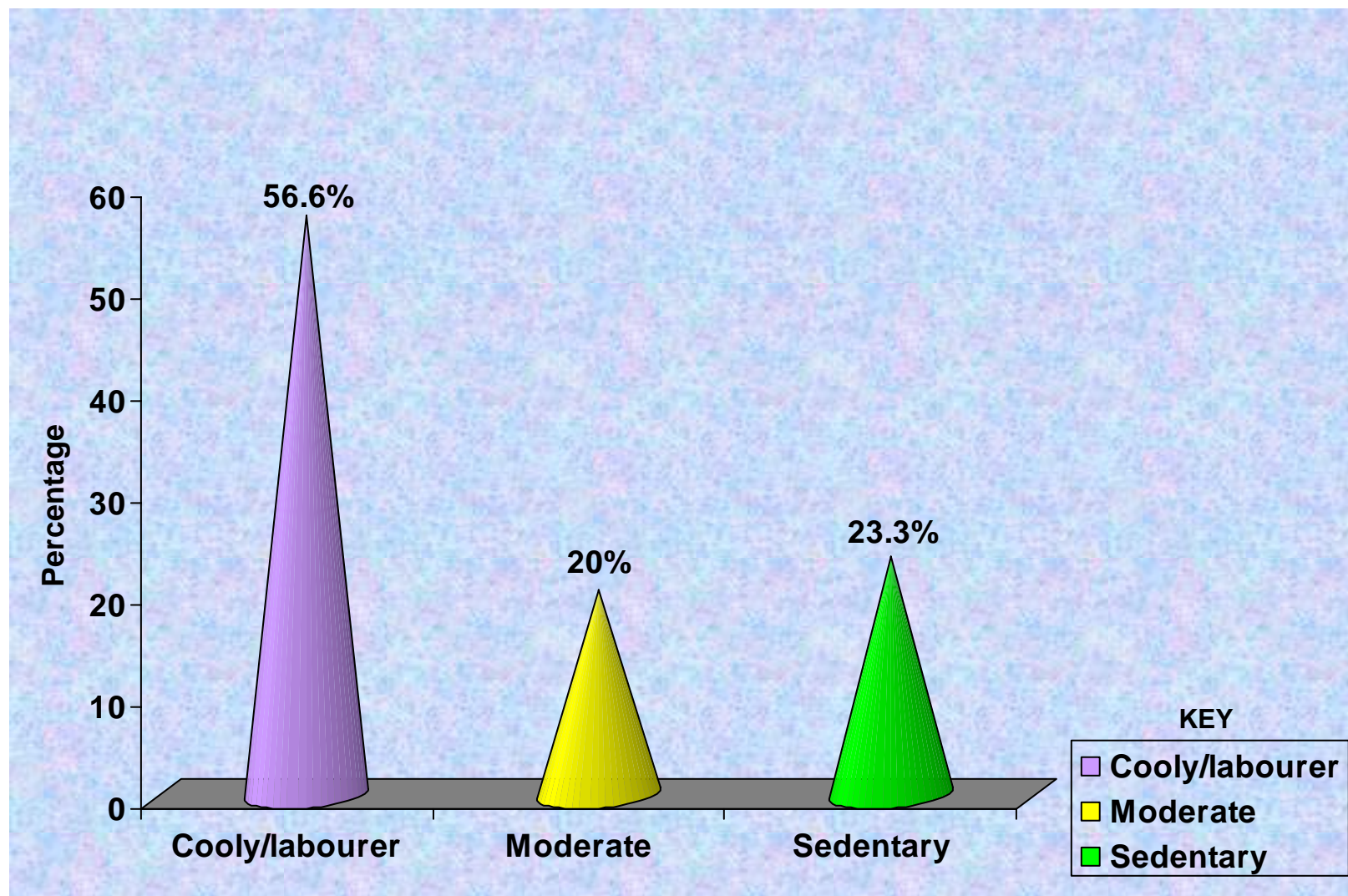


FIG 4.2 PERCENTAGE DISTRIBUTION OF WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS BASED ON OCCUPATION

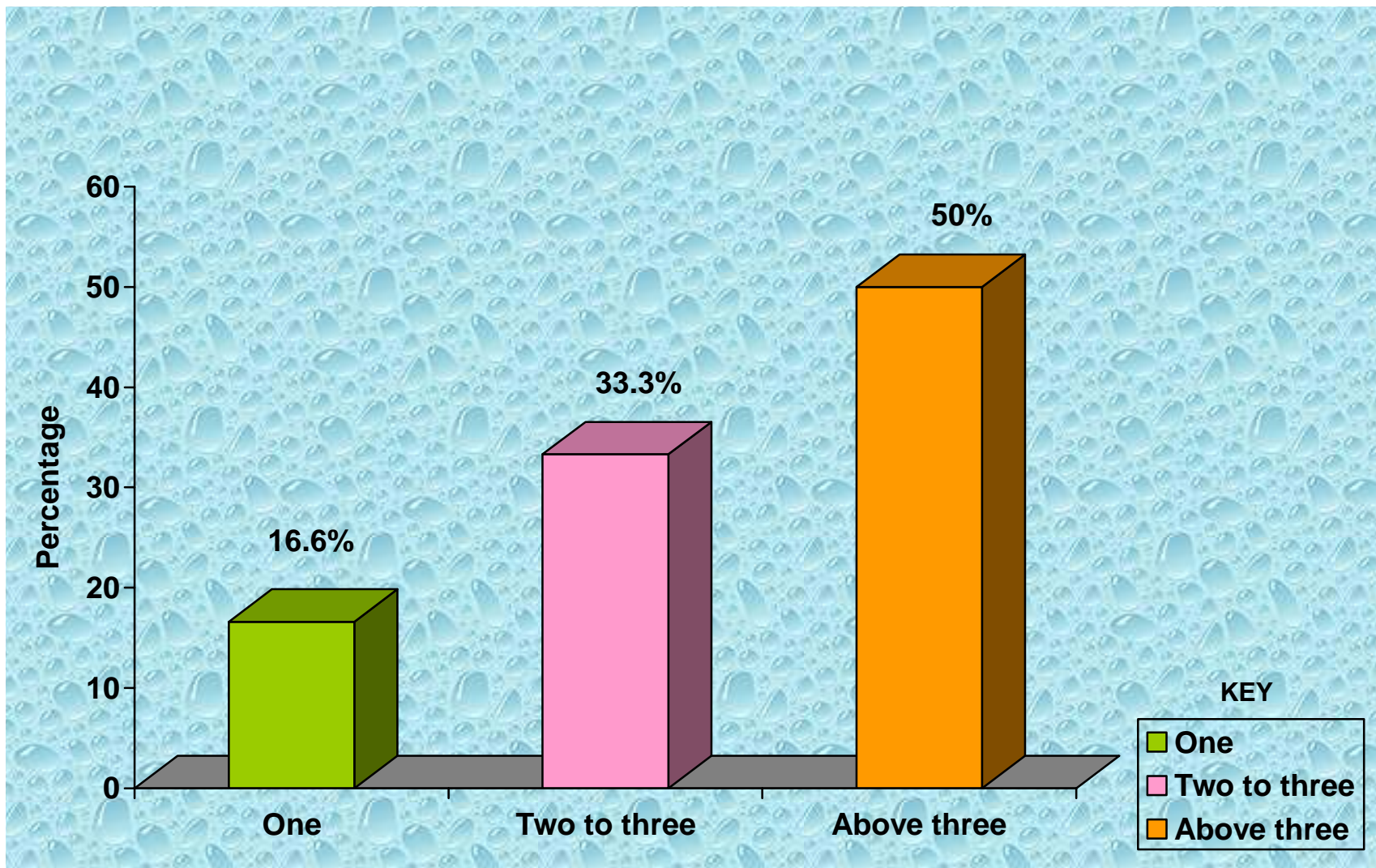


FIG 4.3 PERCENTAGE DISTRIBUTION OF WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS BASED ON NUMBER OF CHILD BIRTH

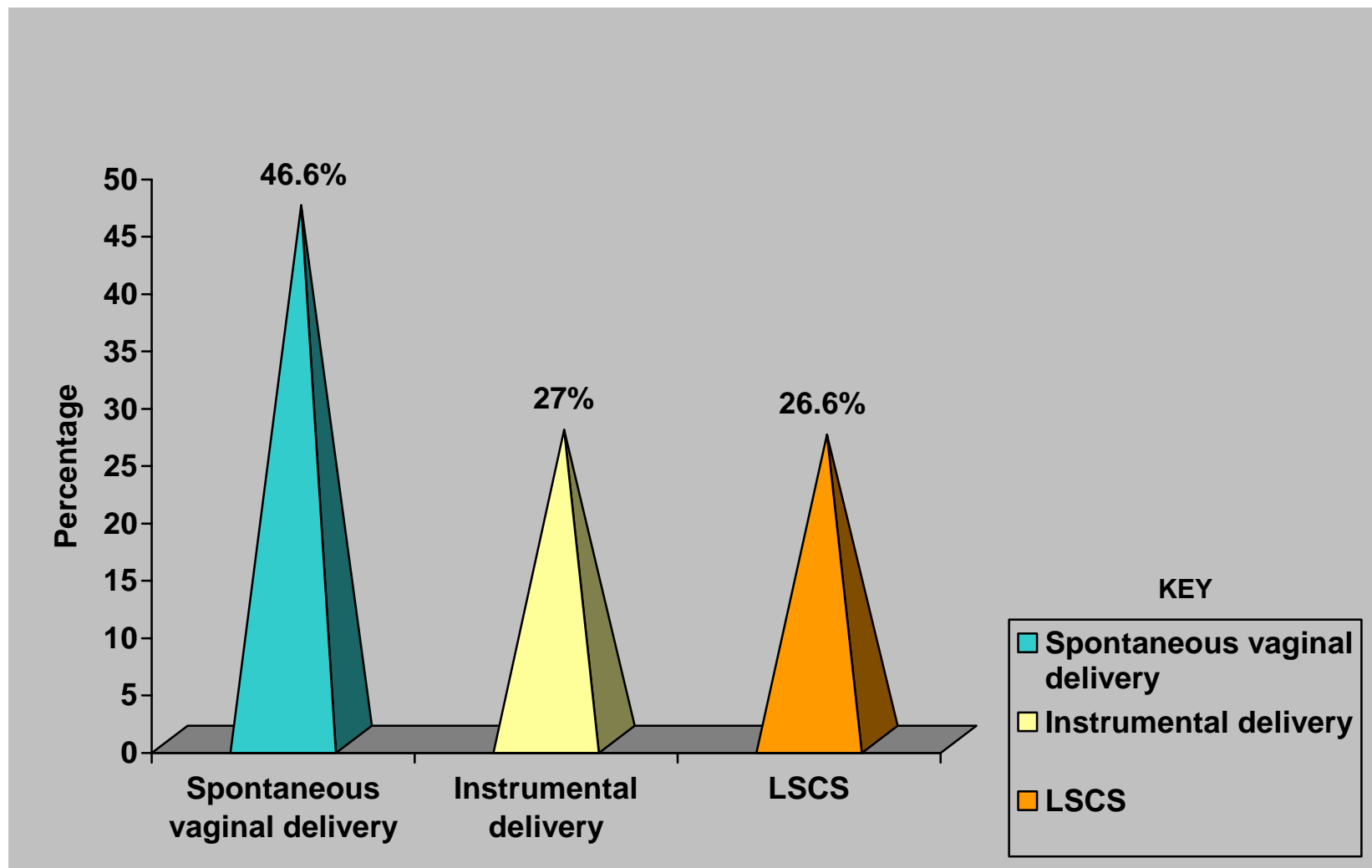


FIG 4.4 PERCENTAGE DISTRIBUTION OF WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS BASED ON HISTORY OF MODE OF DELIVERY

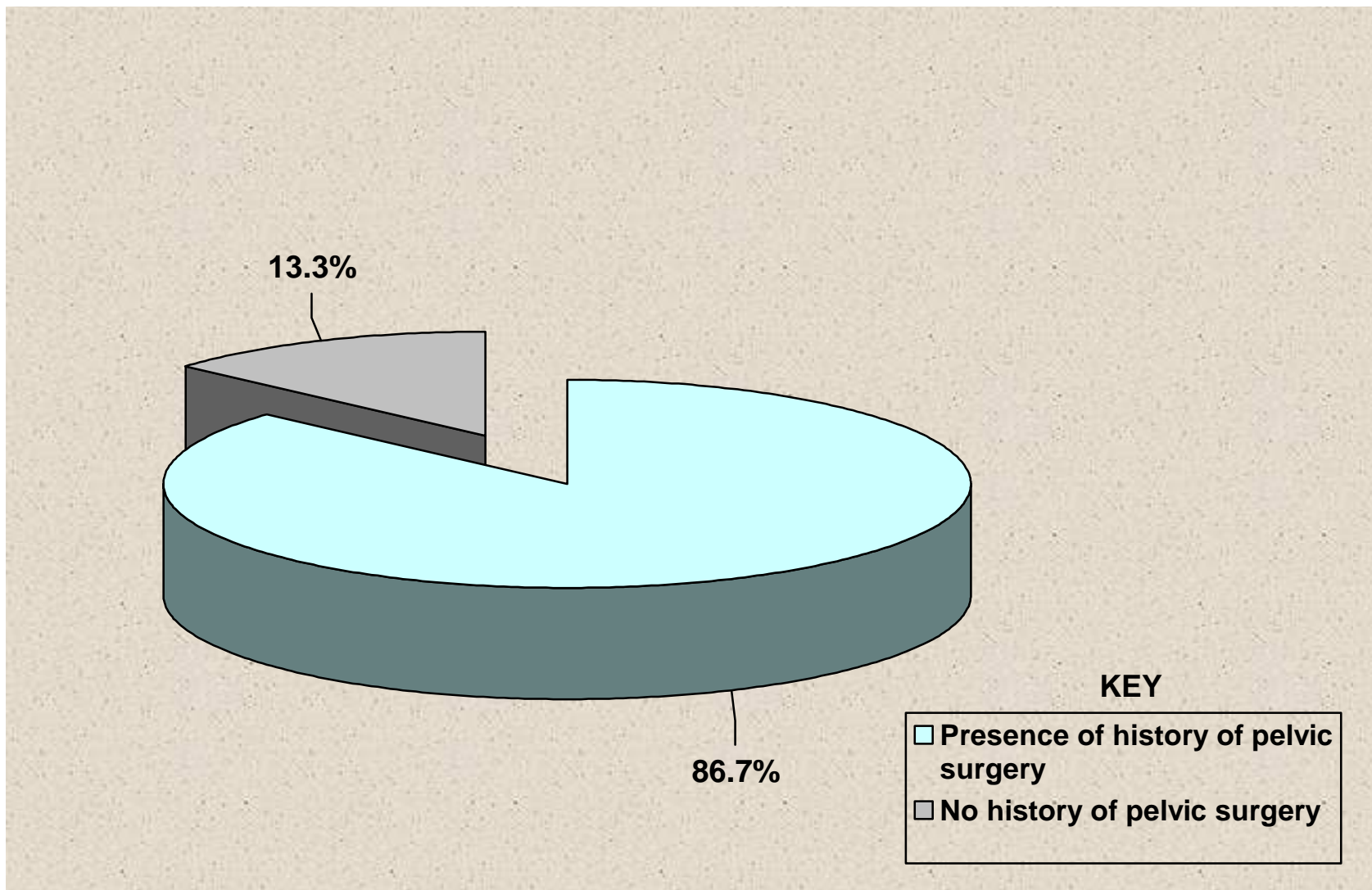


FIG 4.5 PERCENTAGE DISTRIBUTION OF WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS BASED ON PREVIOUS HISTORY OF PELVIC SURGERY

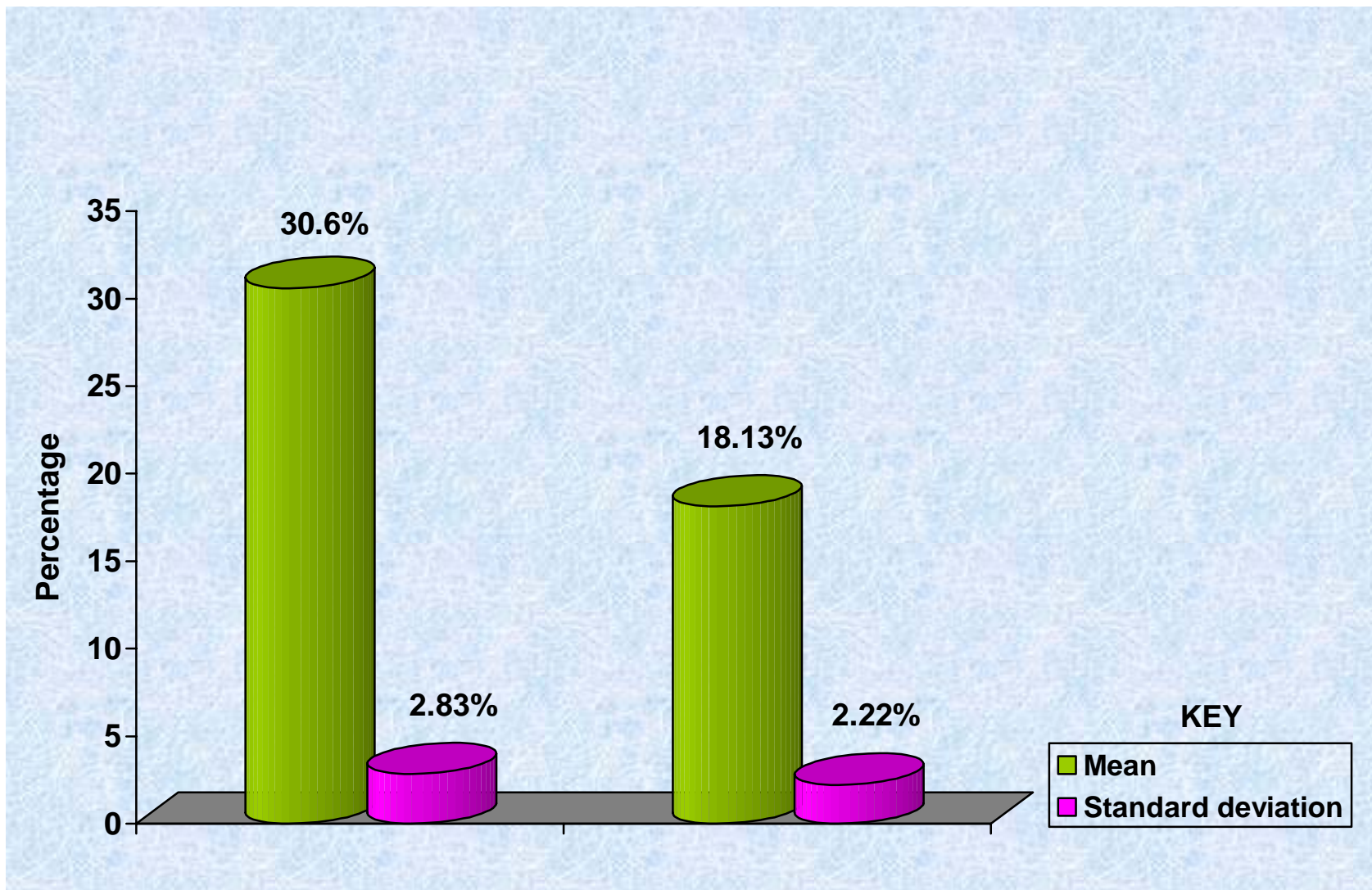


FIG 4.6 MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS

CHAPTER – V

RESULTS AND DISCUSSION

The aim of the present study was to evaluate the effectiveness of nursing care on women with first and second degree prolapse uterus. A total number of 30 samples were selected for the study. On the day of admission the assessment was done by using Observational checklist. After that nursing care was given as per nursing protocol and at the time of discharge the evaluation was done by using Observational checklist. The result of the study had been discussed according to the objectives of the study, conceptual frame work and on related literature.

The first objective of this study was to assess the health condition on the women with first and second degree prolapse uterus

The study was conducted in gynecology ward of Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. Thirty women with uterine prolapse who met the inclusion criteria were included in the study. Each woman was assessed with questionnaire for demographic variables and with observational checklist for vital parameters.

Each woman was observed and rated by using the check list at the time of discharge. Table 4.4 reveals that among 30 women eight (26.66%) were in moderate health deterioration status and 22 (73.34%) were in severe health deterioration status with mean 30.6 and standard deviation 2.83 on the assessment day.

The second objective of this study was to evaluate the effectiveness of nursing care on women with first and second degree prolapse uterus

The nursing care as per the protocol provided to each woman was observed by using check list. Comparison of assessment mean 30.6 and evaluation mean 18.13 and assessment standard deviation was 2.83, evaluation standard deviation of 2.22. The paired 't' value was 25 proved that the difference in health status between before and after the nursing care.

Table 4.5 reveals that after giving nursing care on the evaluation day the overall mean was 18.13 with standard deviation was 2.22. The improvement score with the assessment and evaluation showed that mean of 12.47 with the standard deviation of 0.61. Among 30 women 22

(73.34%) had mild health deterioration and eight (26.66%) had moderate health deterioration on evaluation day. The calculated value was greater than the tabulated value. There was an improvement in health status on women with first and second degree prolapse uterus.

The third objective of this study was to find out the correlation between selected demographic variables and effectiveness of nursing care on women with first and second degree prolapse uterus

Table 4.7 reveals that there is a positive correlation between the effectiveness of nursing care such as vaginal douche, perineal care, vaginal plug, Kegel exercise, administration of drugs, comfort measures, health education and selected demographic variables such as age, occupation, number of child birth, history of mode of delivery, previous history of pelvic surgery.

CHAPTER – VI

SUMMARY AND CONCLUSION

The present study was conducted to elicit the effectiveness of nursing care on women with first and second degree prolapse uterus. Evaluative research design was adopted. A total of 30 women with prolapse uterus who met the inclusion criteria were selected from gynecology ward in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research by using simple random sampling technique and other individualized care were provided. The investigator introduced her-self to the women and developed professional therapeutic relationship with them.

Then demographic data about women were collected with the help of questionnaire and a check list was used to assess the health status. Score was given accordingly. At the time of initial assessment out of thirty women 22 were in severe health deterioration status and eight were in moderate health deterioration status, after that individualized nursing care was given as per nursing protocol daily. At the day of discharge the woman health status were evaluated with the help of check list. Out of 30 women 22 were in

mild health deterioration status, eight were in moderate health deterioration status. The data were analyzed by using descriptive and inferential statistical analysis.

FINDINGS OF THE STUDY

The improvement score mean was 12.47 with the standard deviation of 0.61 and calculated 't' value of 25 which was highly significant at $p < 0.01$ level. So finally, it was concluded that nursing care was highly effective for women with first and second degree prolapse uterus.

NURSING IMPLICATIONS

Nursing Practice

This study will provide insight among the nurses to detect certain problems through careful assessment which will guide them to detect life support measures appropriately to prevent further complications and in order to save the life of women with first and second degree prolapse uterus at a given moment. The study protocol can apply the knowledge while rendering care to women with prolapse uterus and the protocol also provides a standard of care for clinical guideline which can still be individualized for a special woman depending on how an institution recommends protocol implementation.

The study implies that the nurse helps the women to regain health through healing process. Psychological aspects of care also important for women with prolapse uterus. It implies the need for change that has to be introduced by the nursing professionals.

Nursing education

Interpretation of theory and practice is a vital need and it is important to nursing education. This study will emphasize among learners to develop observational skills and develop systemic assessment which help them to detect the problem and motivate them to render care to women with first and second degree prolapse uterus in gynaecology ward.

Nurses who are working in gynaecology unit are expected to have thorough knowledge in management of women with first and second degree prolapse uterus. Nursing students have to assess the problems of women with first and second degree prolapse uterus and to provide effective experience based care.

Nursing educators plan to instruct the students that the students should be provide adequate opportunities to develop skills in handling the

women with first and second degree prolapse uterus and should demonstrate how to tackle such woman in clinical settings.

Nursing administration

The nursing administrator should manage the women care and the delivery of specific nursing services within the health care agency. The nursing leaders in nursing care come forwarded to undertake health needs of the most vulnerable effective organization and management. The nursing administrator should take active part in health policy making, developing protocol, procedures and standing orders related to woman education.

The nursing administration should give attention on the proper selection, placement and effective utilization of the nurse in all areas within the available resources giving importance to their creativity, interest, ability in education of nurse to provide care to the woman.

The nursing administrators on educative role of the nurses, should have adequate supervision of nursing services and provide adequate in-service education programme on newer management strategies in first and second degree prolapse uterus and handling of advanced technologies

should motivate nurses to carry out nursing interventions and improve the standard of nursing care.

Nursing research

Nursing is involved every issues due to changes in health care delivery system, advancement of technology, development of new discipline in medicine. Nursing need to be developed to study in specific areas of problem encountered by the women with first and second degree prolapse uterus. This study directs the nursing personnel to broaden their horizons, knowledge and skills to elicit problems and to conduct many more research to raise their power to implement prompt care activities.

This study will imply the nurse educator to conduct and motivate learner to select relevant study with all dissemination namely physical, emotional, mental, social and spiritual changes encountered by women with first and second degree prolapse uterus. Utilization of findings and deviation of knowledge which help to detect ongoing assessment, care and technology that made in health care delivery system. By conducting much research, disseminating knowledge will be given a vision for growing in nursing discipline.

RECOMMENDATIONS FOR FURTHER STUDY

The highlight of the findings the following recommendations are put forth.

1. A study can be undertaken to evaluate the knowledge after a planned teaching programme.
2. A comparative study may be conducted to find out the similarities and difference between knowledge, attitude and practices of nurses.
3. A comparative study can also done between rural and urban women with first and second degree prolapse uterus.

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2. www.yahoo.com
3. www.google.com
4. www.blackwellsynergy.com
5. www.medline.com
6. www.clipart.com

APPENDIX-I

DEMOGRAPHIC DATA

1. Age in years

- | | | |
|---|--------------|--------------------------|
| a | 31 - 40 yrs | <input type="checkbox"/> |
| b | 41 - 50 yrs | <input type="checkbox"/> |
| c | 51 - 60 yrs | <input type="checkbox"/> |
| d | 61 and above | <input type="checkbox"/> |

2. Educational status

- | | | |
|---|------------------------|--------------------------|
| a | Illiterate | <input type="checkbox"/> |
| b | Primary school level | <input type="checkbox"/> |
| c | Secondary school level | <input type="checkbox"/> |
| d | graduates | <input type="checkbox"/> |

3. Occupation

- | | | |
|---|----------------|--------------------------|
| a | Cooly/labourer | <input type="checkbox"/> |
| b | Moderate | <input type="checkbox"/> |
| c | Sedentary | <input type="checkbox"/> |

4. Income/month

- | | | |
|---|--------------------|--------------------------|
| a | Upto Rs.3000 | <input type="checkbox"/> |
| b | Rs. 3001 - 5000 | <input type="checkbox"/> |
| c | Rs. 5001 - 8000 | <input type="checkbox"/> |
| d | Rs. 8001 and above | <input type="checkbox"/> |

5. Body build

- | | | |
|---|----------|--------------------------|
| a | Thin | <input type="checkbox"/> |
| b | Moderate | <input type="checkbox"/> |
| c | Obese | <input type="checkbox"/> |

6. Menstrual Pattern

- a Regular ☐
- b Irregular ☐
- c Menopause ☐

7. Number of child birth

- a one ☐
- b Two or three ☐
- c above three ☐

8. History of mode of delivery

- a Spontaneous vaginal delivery ☐
- b Instrumental delivery ☐
- c LSCS ☐

9. Previous history of pelvic surgery

- a Presence of history of pelvic surgery ☐
- b No previous history of pelvic surgery ☐

10. Family History of Prolapse uterus

- a Presence of family history of Prolapse uterus ☐
- b No family history of Prolapse uterus ☐

11. Source of Information

- a Friends ☐
- b Family Members ☐
- c Medical Personnel ☐

APPENDIX-II

RATING SCALE TO ASSESS THE HEALTH STATUS ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS

SL. NO.	CRITERIA	DAYS						
		1	2	3	4	5	6	7
1.	Back Pain							
	a Absent 1							
	b Mild 2							
	c Severe 3							
2.	Bladder pattern							
	a Normal 1							
	b Retention of urine 2							
	c Stress incontinence 3							
3.	Bowel habits							
	a Normal 1							
	b Constipation 2							
	c Diarrhoea 3							
4.	Condition of uterus							
	a Normal 1							
	b Ulcerated 2							
	c Infected 3							
5.	Feeling of heaviness of uterus							
	a Mild 1							
	b Moderate 2							
	c Severe 3							
6.	Condition of Cervix							
	a Normal 1							
	b Erosion 2							
	c Erosion with infection 3							

7.	Vaginal discharge a Absent 1 b Scanty 2 c Profuse 3							
8.	Pruritus a Absent 1 b Mild 2 c Severe 3							
9.	Status of vaginal discharge a Mawkky odour 1 b Purulent odour 2 c Foul odour 3							
10.	Presence of signs & symptoms of urinary tract infection a Absent 1 b Mild (burning sensation while micturation) 2 c severe (always burning sensation with itching in urethra) 3							
11.	Presence of medical disorder a Absent 1 b Chronic cough 2 c constipation 3							
12.	Daily activities a Normal 1 b Difficult 2 c Very difficult 3							
13.	Sleep pattern a Normal 1 b Slightly disturbed 2 c completely disturbed 3							

APPENDIX -III

PROTOCOL FOR NURSING INTERVENTION ON WOMEN WITH FIRST SECOND DEGREE PROLAPSE UTERUS

Sl. No.	Nursing interventions	Rationale
1.	Monitor vital signs (i) Temperature (ii) Pulse (iii) Respiration (iv) Blood Pressure	To provide baseline data.
2.	Vaginal douche	To improve the hydrostatic pressure
3.	Perineal care	(i) To improve the perineal hygiene (ii) To prevent infection
4.	Vaginal plugging	To provide support of the uterus
5.	Kegel exercise	To strengthen pelvic floor muscle
6.	Counselling	To improve the self confidence
7.	Health education (i) high fiber diet (ii) follow-up care	To improve the knowledge

APPENDIX-IV

OBSERVATION CHECKLIST FOR NURSING INTERVENTION ON WOMEN WITH FIRST AND SECOND DEGREE PROLAPSE UTERUS

SL. NO.	ITEMS	DAYS						
		1	2	3	4	5	6	7
1.	Monitor vital signs							
2.	Vaginal Douche							
3.	Perineal care							
4.	Vaginal Plugging							
5.	Kegel exercise							
6.	Administration of Drugs							
7.	Comfort measures							
8.	Providing High fibre diet							
9	Counselling							
10	Health Education							

APPENDIX V

NURSING DIAGNOSIS

1. Alteration comfort back pain related to relaxation of pelvic support secondary to uterine prolapse.
2. Activity intolerance related to uterine prolapse.
3. Alteration in bowel pattern constipation related to anatomic changes of pelvic organ secondary to uterine prolapse.
4. Impaired skin integrity related to vaginal discharge on perineal area.
5. Fear and anxiety related to uterine prolapse
6. Sexual dysfunction related dyspareunia secondary to uterine prolapse
7. Altered family process/related to hospitalization
8. Ineffective individual coping related changes in body image
9. High risk for infection related to uterine prolapse
10. Knowledge deficit regarding follow-up care

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
<p>Subjective data: The woman complains of severe back pain.</p> <p>Objective Data: The woman has painful facial expression</p>	Alteration comfort back pain related to relaxation of pelvic ligaments support secondary to uterine prolapse.	The woman's pain will reduce.	<ul style="list-style-type: none"> • Check the location, intensity, duration of pain. • Provide comfort measured • Provide divertional therapy • Provide warm water bath. • Administer analgesic as per order. 	<ul style="list-style-type: none"> • The woman has severe, continuous back pain • Provided knee flexed position with adequate pillows. • Provided diversion by talking with woman and story books. • Provided warm water bath. • Administered analgesic. (overan 50 mg) as per order. 	<ul style="list-style-type: none"> • It provides base line data. • It promotes the comfort of the woman. • It helps to divert the mind. • It reduces the pain. • It reduces the pain quickly. 	The woman's pain was reduced.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: The woman compliants of not able to walk. Objective Data: The woman complaints of impaired activity	Activity intolerance related to uterine prolapse.	The woman's activity will improve	<ul style="list-style-type: none"> • Check the physical activity of the woman. • Arrange all the needed equipment near the bed. • Encourage the woman to do simple activities. • Advice the woman to do active exercise. 	<ul style="list-style-type: none"> • The woman has difficulty in walking. • Arranged all the articles like water, food, medicines, etc. • Encouraged the woman to do brushing, bathing hair combing, etc. • Advised to do kegel exercise 30-40 times/day. 	<ul style="list-style-type: none"> • It provides base line data. • It reduces the over reaching. • Improve the activity ability of the woman. • Help to strengthen the muscles. 	The woman's activity was improved.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: The woman complains of constipation. Objective Data: The woman has decreased bowel movement.	Alteration in bowel pattern constipation related to anatomic changes of pelvic organ secondary to uterine prolapse.	The woman's bowel pattern will improve	<ul style="list-style-type: none"> • Monitor the bowel habit of the woman. • Provide more oral fluids. • Provided high fibre diet. • Administer stool softener as per doctor's order. 	<ul style="list-style-type: none"> • The woman has constipation and defecates once per day. • Provided 2-3lt of oral fluids like water, fruit juicer vegetable soup. • Provided high fibre diet. • Provided 5ml of liquid paraffin as per order. 	<ul style="list-style-type: none"> • It provides base line data. • It improves the bowel pattern. • It soft the stools. • It acts as a stool softener. 	The woman's bowel pattern will improve.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective Data: The woman complains of increased vaginal discharge Objective Data: The woman has itching and edema on perineal area.	Impaired skin integrity related to vaginal discharge on perineal area.	The woman's skin integrity will maintain	<ul style="list-style-type: none"> Assess the skin condition of the perineal area Educate about the personal hygiene Advise to use cotton underwear Provide vaginal douche 	<ul style="list-style-type: none"> Checked the condition of the perineal area. Educated about the perineal care Advised to use cotton underwear Provided vaginal douche 	<ul style="list-style-type: none"> It gives baseline data It helps to reduce infection It reduce itching It helps to relieve excessive discharge 	The woman's skin integrity was maintained

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: The woman complains of continuously passing urine Objective data: The woman has fatigue	Stress incontinence related to relaxation of pelvic muscles	The woman's urinary pattern will maintain	<ul style="list-style-type: none"> Assess the urinary pattern Teach the woman about Kegel exercise Encourage the woman to empty the bladder frequently Assess the bowel pattern 	<ul style="list-style-type: none"> Assessed the urinary pattern maintained I/O chart Taught about the Kegel exercise Encouraged the woman to empty the bladder frequently Assessed the bowel pattern 	<ul style="list-style-type: none"> It gives baseline data It strengthen the pelvic floor muscles It prevents infections It improves the eliminate pattern 	The woman's urinary pattern was maintained.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION
Subjective data: The woman complaints of fear about her condition and lack of knowledge about her condition Objective data: Woman has ignorance and anxious	Fear and anxiety related to uterine prolapse	The woman's fear will reduce.	<ul style="list-style-type: none"> Assess the emotional status of the woman Provide psychological support Explain about the uterine prolapse 	<ul style="list-style-type: none"> The woman look very anxious Provided psychological support by reassured the woman Explained about the causes, management of uterine prolapse and current treatment 	<ul style="list-style-type: none"> It provides baseline data It helps to improve self confident It helps to improve the knowledge 	The woman's fear was reduced

APPENDIX VI

HEALTH EDUCATION

- Advised to take adequate rest.
- Advised the woman to avoid the heavy lifting.
- Advised to avoid long standing, walking and lifting.
- Advised to avoid sexual intercourse.
- Advised to take high fibre rich diet.
- Taught about Kegel exercise 30 to 80 times/day.
- Explained about the importance of perineal hygiene.
- Educated about the importance to understand the need for follow up care.

APPENDIX VII

CASE ANALYSIS

Sample No: 1.

On the first day vital signs were checked and monitored. She has backache, constipation. Vaginal examination was done. She has first degree uterine prolapse. On the second day, vital signs were checked. Administered medications. On the third day, vital signs were checked. Health education was given regarding the diet and also regarding Kegel exercises. On the fourth day vital signs was checked. On the fifth day vital signs was normal. Constipation was reduced. On the sixth day vital signs was normal. She has normal bowel pattern. On the seventh day she has normal vital signs and normal bowel pattern.

Sample No: 2.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol.

Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.

Sample No: 3.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were

checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 4.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 5.

On the first day vital signs were checked and monitored. She has backache, constipation. Vaginal examination was done. She has first

degree uterine prolapse. On the second day, vital signs were checked. Administered medications. On the third day, vital signs were checked. Health education was given regarding the diet and also regarding Kegel exercises. On the fourth day vital signs was checked. On the fifth day vital signs was normal. Constipation was reduced. On the sixth day vital signs was normal. She has normal bowel pattern. On the seventh day she has normal vital signs and normal bowel pattern.

Sample No: 6.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On

the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 7.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 8.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was

given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 9.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were

checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 10.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 11.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and

vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 12.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol. Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was

normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.

Sample No: 13.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol. Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.

Sample No: 14.

On the first day vital signs were checked and monitored. She has backache, constipation. Vaginal examination was done. She has first degree uterine prolapse. On the second day, vital signs were checked. Administered medications. On the third day, vital signs were checked. Health education was given regarding the diet and also regarding Kegel exercises. On the fourth day vital signs was checked. On the fifth day vital signs was normal. Constipation was reduced. On the sixth day vital signs was normal. She has normal bowel pattern. On the seventh day she has normal vital signs and normal bowel pattern.

Sample No: 15.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was

given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 16.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol. Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.

Sample No: 17.

On the first day vital signs were checked and monitored. She has backache, constipation. Vaginal examination was done. She has first degree uterine prolapse. On the second day, vital signs were checked. Administered medications. On the third day, vital signs were checked. Health education was given regarding the diet and also regarding Kegel exercises. On the fourth day vital signs was checked. On the fifth day vital signs was normal. Constipation was reduced. On the sixth day vital signs was normal. She has normal bowel pattern. On the seventh day she has normal vital signs and normal bowel pattern.

Sample No: 18.

On the first day vital signs were checked and monitored. She has backache, constipation. Vaginal examination was done. She has first degree uterine prolapse. On the second day, vital signs were checked. Administered medications. On the third day, vital signs were checked. Health education was given regarding the diet and also regarding Kegel exercises. On the fourth day vital signs was checked. On the fifth day vital signs was normal. Constipation was reduced. On the sixth day vital signs

was normal. She has normal bowel pattern. On the seventh day she has normal vital signs and normal bowel pattern.

Sample No: 19.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol. Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.

Sample No: 20.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 21.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich

diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 22.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 23.

On the first day vital signs were checked and monitored. She has backache, constipation. Vaginal examination was done. She has first degree uterine prolapse. On the second day, vital signs were checked. Administered medications. On the third day, vital signs were checked. Health education was given regarding the diet and also regarding Kegel exercises. On the fourth day vital signs was checked. On the fifth day vital signs was normal. Constipation was reduced. On the sixth day vital signs was normal. She has normal bowel pattern. On the seventh day she has normal vital signs and normal bowel pattern.

Sample No: 24.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal

discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 25.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 26.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital

signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 27.

On the first day vital signs was checked. Vaginal examination was done. She has second degree uterine prolapse. On the second day vital signs was checked. She has vaginal discharge. So vaginal douche was given. She has constipation. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding fibre rich diet and over intake of fluids. On the fourth day, vital signs were checked. Vaginal douche was given. Bowel pattern was not altered. On the fifth day vital signs was checked. Vaginal douche was given. Health education was

given regarding the perineal care. On the sixth day, vital signs were checked. Vaginal discharge was reduced. Constipation was reduced. On the seventh day, vital signs were checked and it was normal. Vaginal discharge was completely reduced. She has normal bowel pattern.

Sample No: 28.

On the first day vital signs were checked and vaginal examination was done. She has first degree uterine prolapse. She has back ache and vaginal discharge. On the second day, vital signs were checked. Vaginal douche was given. Administered medications. On the third day, vital signs were checked. Vaginal douche was given. Health education was given regarding Kegel exercise and also changing the position while walking. On the fourth day, vital signs were checked. Vaginal douche was given. Back ache was not reduced. On the fifth day vital signs was checked. Vaginal discharge was reduced. Back ache was not reduced. On the sixth day, vital signs were checked. Back ache was reduced. On the seventh day, vital signs were normal. Vaginal discharge was absent. Back ache was reduced.

Sample No: 29.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol. Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.

Sample No: 30.

On the first day vital signs were checked and vaginal examination was done. She has second degree uterine prolapse. She has backache and urinary incontinence. On the second day, vital signs were checked. She has hyperthermia. Medications was administered tab Paracetamol.

Tepid sponging was given. On the third day vital signs was checked. Health education was given regarding Kegel exercise. On the fourth day vital signs was checked. Backache was not reduced, so educate about the positions which should be followed on walking. On the fifth day vital signs was normal. Urinary pattern was mildly altered. On the sixth day vital signs was normal. Administered medication. Backache was moderately reduced. On the seventh day vital signs was normal. Backache moderately reduced. So medications were administered. Moderate changes only occurred in the urinary pattern.